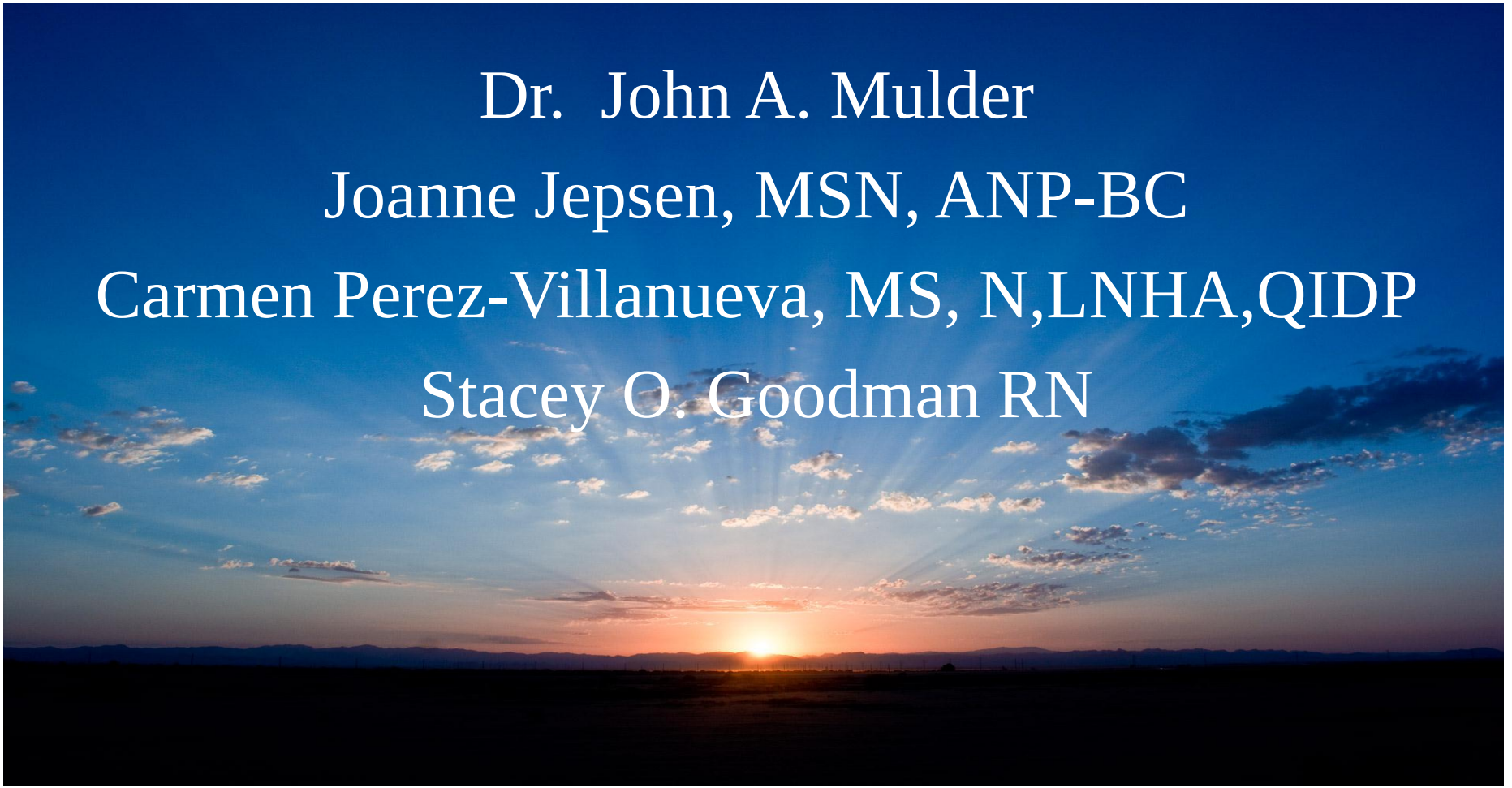
Pain In the Cognitively Impaired Elder



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Objectives

- Understand the nature of pain in the elderly
- Understand the nature of dementia and its impact on pain perception and pain management
- Describe federal regulations which support pain assessment and management

Normal aging and pain

EVERYONE over 25 has some OA

Indicators of disease:

-Swollen joints,

-Decrease in ADL

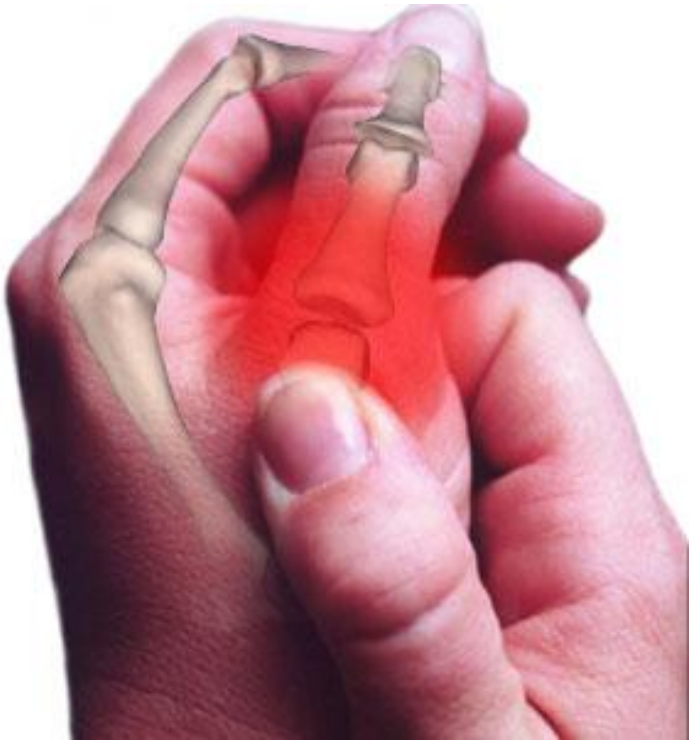
-OTC med use

- Less social

Not everyone is symptomatic!

Older patient and pain

The most common cause is chronic musculoskeletal pain



This leads to problems with;

- -Mobility
- -Falls
- -Mental well-being
- -Physical well-being

Dementia

-Evidence indicates that about
50% of demented persons
regularly experience pain

-Pain is more common in those
whose dementia is most advanced

Patients with dementia can be more complex to interpret. With these patients it is imperative that we rely on family member and caregiver interpretations of behavior.

If no other source of acute altered behavior is identified (ex: UTI, sepsis, stroke), pain should be considered and an analgesic trial attempted.

The Faces of Pain:
Verbal agitation behaviors

-complaining
-negativism
-repetitious sentences
-questions
-constant request for attention
-cursing or verbal aggression

Physical behaviors

Restlessness
Pacing
Repetitive behaviors
Resistance to cares

Many of these respond to pain treatment.

In addition, restlessness and pacing were sensible to analgesics. Such behaviors should therefore lead to an assessment of pain, and pain treatment.

Rule out the possibility of pain before automatically prescribing psychotropic drugs

Perception of pain in demented patients may be different due to pathologic neurological changes

Research suggests that the nonverbal expression of pain is altered in demented patients.

High risk for under-reporting and under-treatment of pain

Know what is normal for the individual!

Barriers to reporting pain:

-Generational/Cultural beliefs
-Cognitive impairments
-Miscommunication
-Developmental age
-Avoiding painful activities

Under-reporting of pain caused less treatment for pain!

Fears

1. Addiction

    -Know the facts and false beliefs (pseudoaddiction)

2. Side effects
3. Unfamiliar drugs
4. Financial
5. That they may need an increased level of care
6. Regulatory

LTC Challenges

2006 study in
12 Colorado
nursing homes:
Of those reporting pain:

-Half did not request pain medications.

-Most common reasons were stoicism and medication concerns

Challenges

-Last Acts (2001): 39% of Michigan NH residents had persistent pain

-Use of PRN analgesics
-Acetaminophen overexposure
-“Pulled” staff

SELF REPORT

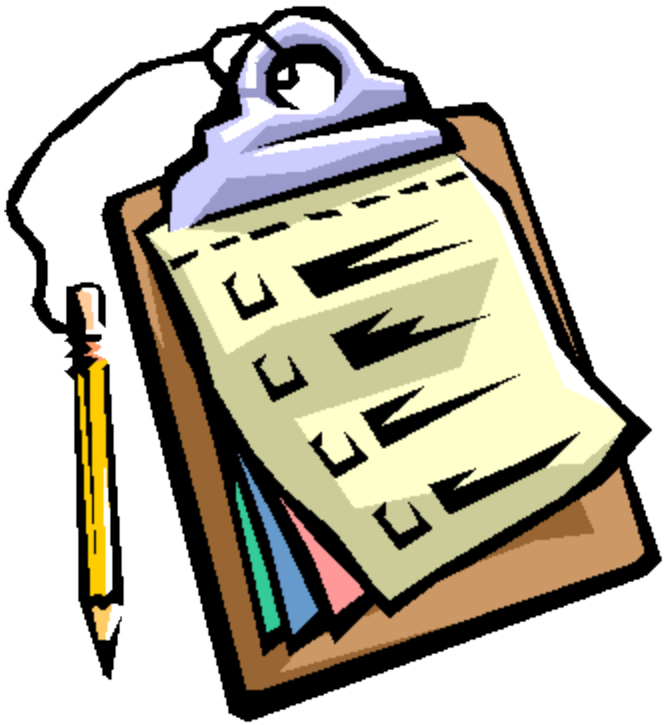
is the gold standard

and should be used

whenever possible

Evidence-based practice dictates assessment of pain with standard instruments.

The best instrument depends on:



-Cognition

-Developmental stage

-Physiological state

-Culture/personal preference

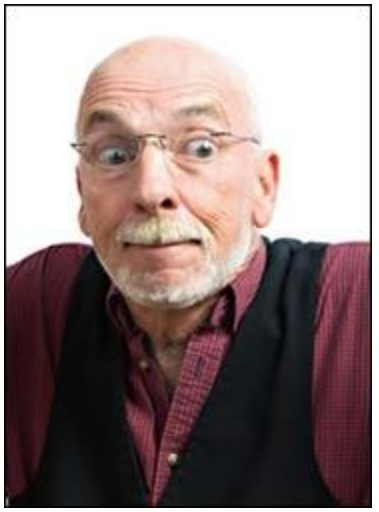
-Hearing/visual impairments

Which scale do I use?

Depends on:

-Cognition,
-Developmental stage,
-Physiological state,
-Culture and personal preference,
-Hearing and visual impairments.

If Confused or Agitated



Is this baseline?
New?
What behavior has changed?
What were the circumstances?
Changes from usual (ask caregiver/family)
Changes in social/emotional state

Pain Scales

1. Numerical 1-10 **NOT** good for confused patient…

2. Checklist of Nonverbal Pain Indicators (CNPI)
Behavior With Movement and At Rest

1. **Vocal complaints**: nonverbal (Sighs, gasps, moans, groans, cries)
2. **Facial Grimaces/Winces** (Furrowed brow, narrowed eyes, clenched teeth, tightened lips, jaw drop, distorted expressions)
3. **Bracing** (Clutching or holding onto furniture, equipment, or affected area during movement)
4. **Restlessness** (Constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still)
5. **Rubbing** (Massaging affected area)
6. **Vocal complaints: verbal** (Words expressing discomfort or pain [e.g., "ouch," "that hurts"]; cursing during movement; exclamations of protest [e.g., "stop," "that's enough"])

Total Score

Scoring:

Score a 0 if the behavior was not observed. Score a 1 if the behavior occurred even briefly during activity or at rest. The total number of indicators is summed for the behaviors observed at rest, with movement, and overall. There are no clear cutoff scores to indicate severity of pain; instead, the presence of any of the behaviors may be indicative of pain, warranting further investigation, treatment, and monitoring by the practitioner.

PAINAD

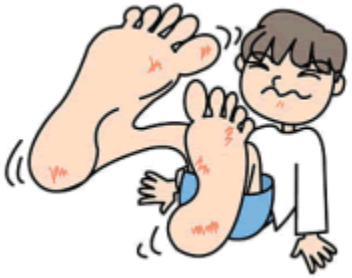
Pain assessment in advanced dementia

5 items: breathing, negative vocalization, facial expression, body language and consolability.

0-2 for each.

Higher score, greater pain.

FLACC



Face

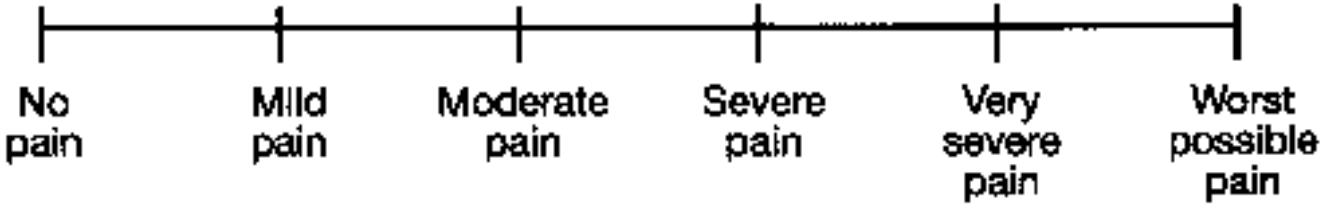
Legs

Activity

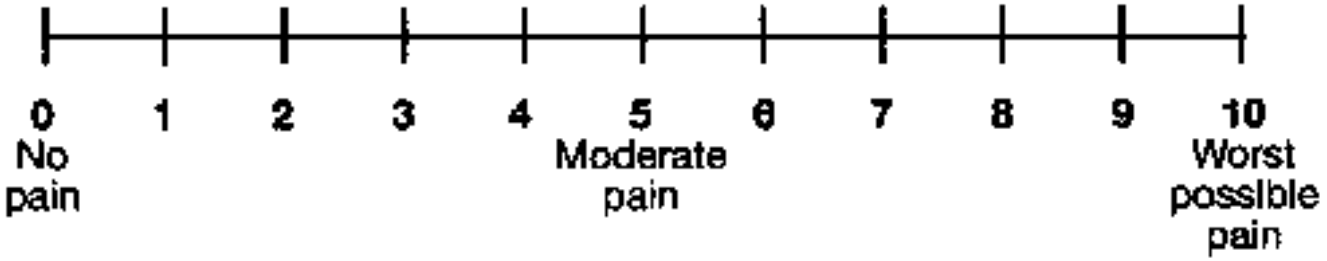
Crying

Consolability

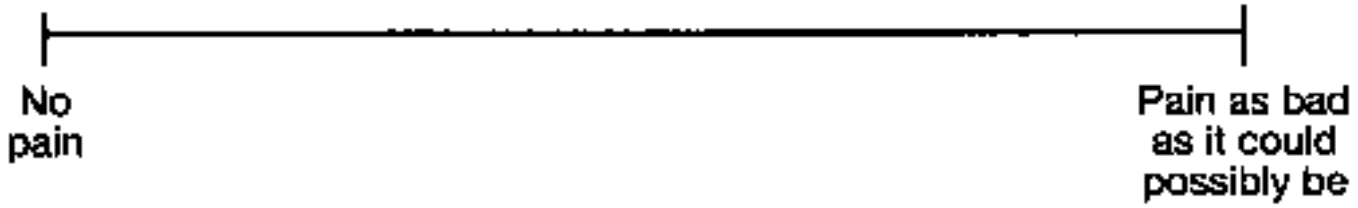
Simple Descriptive Pain Intensity Scale[1]



0–10 Numeric Pain Intensity Scale[1]

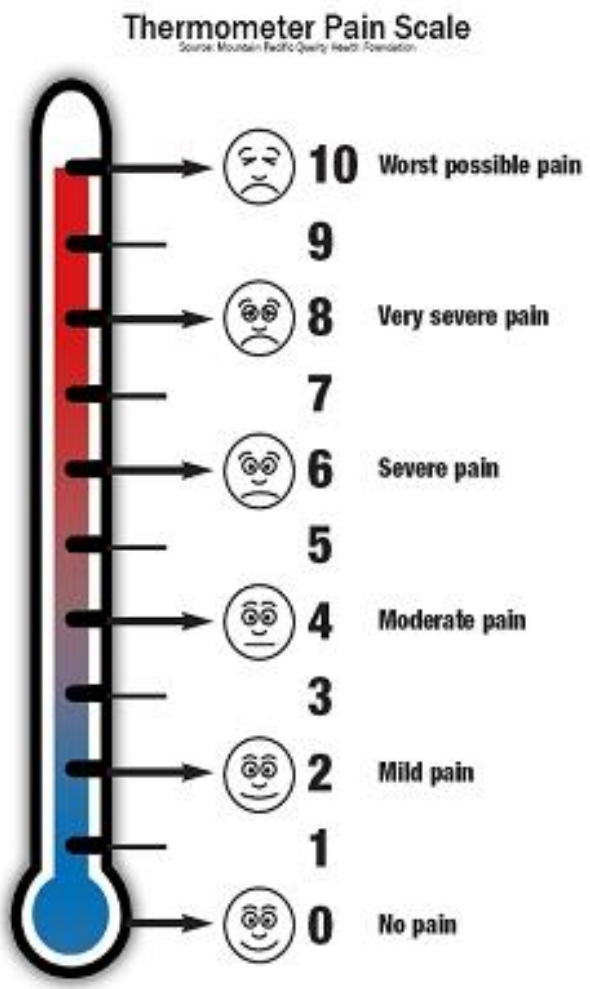


Visual Analog Scale (VAS)[2]



[1] If used as a graphic rating scale, a 10 cm baseline is recommended.
[2] A 10-cm baseline is recommended for VAS scales.

McGill Pain Questionnaire (MPQ)



Iowa Pain Thermometer: combines verbal descriptors with vertical thermometer

Revised FACES scale for cognitively intact or impaired elders

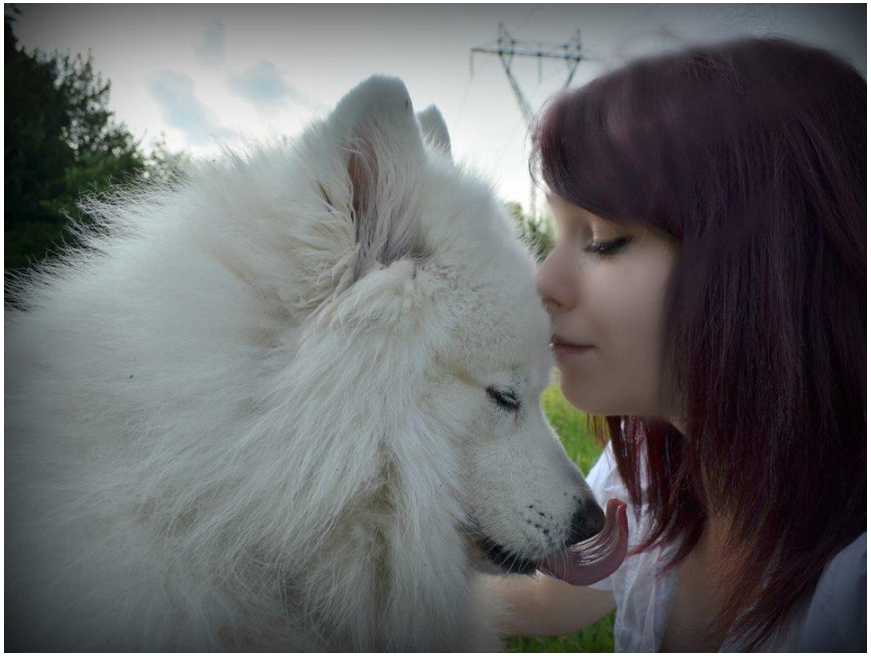
Brief Pain Inventory (BPI) Intensity of pain at worst, usual and least degree of interference with functioning.

Treatments

Even though pain may be assessed and documented, only about 60% received analgesics, according to a 2009 study done in 12 Midwest ERs.

Non-pharmacologic (Easy stuff first!)

Heat/cold/positioning
Massage
Distraction
Music
Pet
Acupuncture



Topicals

OTC treatments

- -Ben Gay
- -Biofreeze
- -Salon Pas

Rx

- -anti-inflammatory
- -nystatin
- -lidocaine
- -ketamine
- -compounded medications

Medications

-Problem with PRN in LTC/confused/ill patients

-Scheduled dosing preferred
-End dose failure
-Extended release products
-Polypharmacy

OTC

-Scheduled acetaminophen

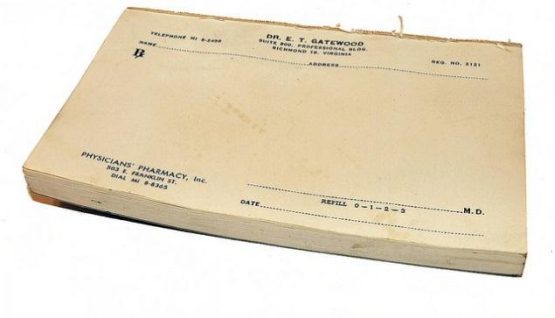
-Problem w ibuprofen

(renal, GI)

-Cox-2

-Glucosamine/Chondroitin

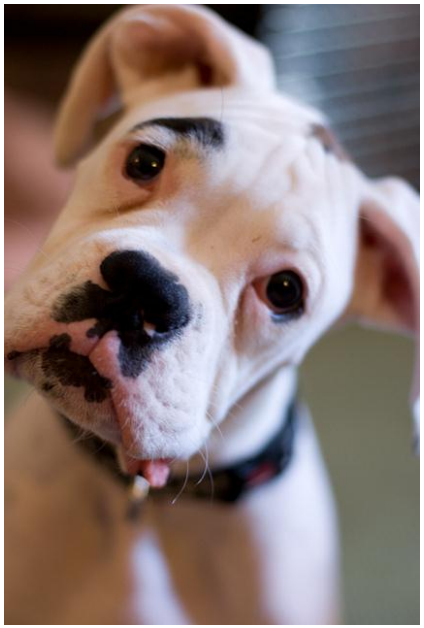
Prescription



Opioids
Tramadol
Hydrocodone/Acetaminophen
Oxycodone
Morphine
Hydromorphone
Fentanyl
Methadone

Documentation

-Assessment, including pain scale
-Medications given
-Response to treatment
-Communication with family
-Communication with physicians



Questions?

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Thank You!